

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/030,193</div>	FILING DATE					
							APPLICANT(S)						
<div style="font-size: 1.2em; font-family: cursive;">2-23-04</div>							CLAIMS						
	AS-FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
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48							98						
49							99						
50							100						
TOTAL IND.	24						TOTAL IND.						
TOTAL DEP.	2						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-79)

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